

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application :	Examiner :	GAU :
10/10/08/10 MWS	Avila	367 12665
From:	Location:	Date:
Tracking #:		Week Date:
0610898		51305

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	217-05	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE:

① Claim 11 (originally 12) depends on cancelled claim 2. Please advise.

Thanks

[XRUSH] RESPONSE:

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04